

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020831 MB

DOCUMENT # B96000000475

1. Entity Name
CORNERSTONE PROPANE, L.P.



FILED

03 APR 30 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
432 WESTRIDGE DRIVE
WATSONVILLE CA 95076

Mailing Address
432 WESTRIDGE DRIVE
WATSONVILLE CA 95076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 77-0442450

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$334.13

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F96000006474
NAME CORNERSTONE PROPANE GP, INC.
STREET ADDRESS 432 WESTRIDGE DRIVE
CITY-ST-ZIP WATSONVILLE CA 95076

STREET ADDRESS

CITY-ST-ZIP

04/30/03 01067-011 **141.25

DOCUMENT # F96000006316
NAME SYN INC.
STREET ADDRESS 1700 SOUTH JEFFERSON STREET
CITY-ST-ZIP LEBANON MO 65536

STREET ADDRESS

CITY-ST-ZIP

900017579559
04/30/03--01067--011 **141.25

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *

Nancy Fire Kagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/15/07

Date

417-532-3101

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE